## **LOCATION OF DOCUMENTS**

Will:
DD214 (all):
Current retired pay statement:
Marriage certificate(s):
Divorce decree(s)/property settlements(s)(from previous marriages of retiree or spouse):
Death certificate(s) (from previous marriages of retiree or spouse):
Birth certificates/adoption papers (retiree, spouse, children):
Retirement Orders or 20-year Letter:
Safe deposit box (list contents):
Insurance policies:
Tax returns:
Investment papers (CDs, Mutual Funds, IRA, etc.):
Burial plot information:
Medical and dental records:
Real estate deeds:

## **PHONE NUMBERS/WEBSITES**

Casualty Assistance Office (call upon retiree's death):
1-800-626-3317; from overseas, call collect (502) 613-3317
<a href="https://www.hrc.army.mil/site/Active/tagd/CMAOC/CasualtyAssistance/reportingadeath.htm">https://www.hrc.army.mil/site/Active/tagd/CMAOC/CasualtyAssistance/reportingadeath.htm</a>

**Retirement Services Office** (follow-up assistance):

Pages 13/14 of Army Echoes

http://www.armyg1.army.mil/rso/rso.asp

Retired/Annuitant Pay: 1-800-321-1080 <u>http://www.dfas.mil</u>

VA: 1-800-827-1000 <u>http://www.va.gov</u>

Social Security: 1-800-772-1213 http://www.ssa.gov

Update ID card information: 1-800-538-9552; (831) 583-2500

## WEBSITE: <a href="http://www.armyg1.army.mil/retire">http://www.armyg1.army.mil/retire</a>

For more information on retirement topics, here are some of the pamphlets, prepared by HQDA, Army Retirement Services, 200 Stovall Street, Alexandria, VA 22332-0470, and available from your Retirement Services Officer (RSO):

**Retirement Services Offices** 

The Survivor Benefit Plan (SBP) Basic Questions Answered

Survivor Benefit Plan — Facts vs. Myths

Uniformed Services Former Spouses' Protection Act





## RETIREE CASUALTY ASSISTANCE CHECKLIST

RETIREE INFORMATION	CHILDREN INFORMATION	CREDITOR
Name:	Name:	Name & address:
Social Security number:	Address:	Phone/email:
Date and place of birth:	Date of birth:	Account #:
	Incapable of self-support? YES NO	Balance Due (include "as of " date):
Date of retirement:	INSURANCE POLICIES	BURIAL INFORMATION
Retired grade/rank:	Policy #:	I would like to be: <b>Buried Cremated</b>
SURVIVOR BENEFIT PLAN	Company:	Who should be notified of your death:
Enrolled in RSFPP SBP RCSBP	Amount (include "as of " date):	Name:
(Circle any that apply)	Beneficiary:	Relationship:
Did you disenroll? YES NO	Agent phone/email:	Address:
VA CLAIM #:		Phone #:
Eligible to draw VA disability compensation: YES NO	INVESTMENTS	Name:
Receiving Social Security? YES NO	Type (IRA, CD, Mutual Fund):	Relationship:
If YES, age first received: Years: Months:	Amount (include "as of" date):	Address:
Organ donor: YES NO	Agent phone/email:	Phone #:
SPOUSE INFORMATION	BANK ACCOUNTS	Name of cemetery where you want to be buried or have your ashes inurned:
Name:	Bank & phone/website:	
Date of birth:	Type of acct:	Do you want to be buried in your uniform? YES No
Social Security number:	Amount (include "as of " date):	Do you want a funeral? YES NO
Date of marriage:	Account #:	If YES, where?
Place (City, County, State):	Help your Family today by filling out this trifold and making sure your	Do you have a preference of funeral home? YES N  If YES, which one?

Family knows where to find it.

Do you want a military honor guard? YES

NO